			HOLL OF THE ABILLY OF AND AR	D CERTIFICATE O	FULATIO	-6	2-017	732
AM	ENDED	<b>.</b>	Registration District No. 3 \$1 Primary R	egistration District No. 451	Registrar's No	32	STATE FÎLE NU	MBER
			• COUNTY Sullivan		2. USUAL RESIDENCE a. STATE MO	b. COUNTY		Residence before admission)
VEND			OR '	·   _ • · · · · · · · · · · · · · · · · · ·	c. CITY OR TOWN H	arri c		Inside Limits Yes ∰ No □
DATE A			c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME	Inside Limits Yes No	d. STREET ADDRESS		give location)	Reside on Farm Yes No
<del>                                    </del>		-	3. NAME OF DECEASED First (Type or print)	Middle		OF		Year
		-	5. SEX 6. COLOR OR RACE 7.	Married Never Married [			IF UNDER 1 YEAR	L962 
		۱,	Male   white		5-2997	64	'	Hours Min.
SWS			Retired Farmer		Newtown,	Mo.	USA	
OIIC		11						
1 1 1			5. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		Address	
쀭			Yes World War 1 18. CAUSE OF DEATH (Enter only one cause per line	5	Mrs. Gold	ia Davis,	newtown	MO ERVAL BETWEEN ISEL AND DEATH
1 1 1	J WEN		IMMEDIATE CAUSE (a)	Koronan	y There	onboar	0	2 m
AD (		i	Conditions, if any, DUE TO (b)	/				
	1 10							
THIS			which gave rise to above cause (a), stating the under- lying cause last. DUE TO (c)		·			
NO E			which gave rise to above cause (a), stating the under-	TIONS CONTRIBUTING TO DEAT	H but not related to the	e terminal PART	III. If deceased there a pregnan	was female was
NO E			which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)  PART II. OTHER SIGNIFICANT CONDI- disease condition given in PAI	RT I (a)			there a pregnan	ncy in last 90 days.
NO E		CERTIFICATION	which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)  PART II. OTHER SIGNIFICANT CONDI- disease condition given in PAI	RT I (a)	H but not related to the		there a pregnan	ncy in last 90 days.
E Z		CERTIFICATION	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDIDERS CONDITION OF PART II. OTHER SIGNIFICANT CONDIDERS CONDITION OF PART II. OTHER SIGNIFICANT CONDITI	OMICIDE 206. DESCRIBE HO			there a pregnan	ncy in last 90 days.
NO E			which gave rise to above cause (a), stating the underlying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDI- disease condition given in PAI  19. WAS AUTOPSY PERFORMED? YES NO Month, Day, Year INJURY OCCUPRED A.m. p.m.	OMICIDE 206. DESCRIBE HO	W INJURY OCCURRED. (E.	nter nature of injury in	there a pregnan	ncy in last 90 days.
AMENDMENTS ON TH		CERTIFICATION	which gave rise to above cause (a), stating the underlying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDI disease condition given in PAI  19. WAS AUTOPSY PERFORMED? YES NO Month, Day, Year INJURY OCCURRED 20e. PLACE OF It	OMICIDE 20b. DESCRIBE HO	W INJURY OCCURRED. (E.	nter nature of injury in	there a pregnan	ncy in last 90 days.  Io Unknown of item 18.)
AMENDMENTS ON TH		CERTIFICATION	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDI disease condition given in PAI disease condition given in PAI 20c. TIME OF Hour Month, Day, Year INJURY OCCURRED WHILE AT WORK 20c. PLACE OF IT farm, factory NOT WHILE AT WORK 2	NJURY (e.g., in or about home, for the property of the propert	W INJURY OCCURRED. (En	OCATION	there a pregnan	of item 18.)  STATE  Uses stated.
AMENDMENTS ON TH	OF	MEDICAL CERTIFICATION	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDIDERS CONDITIONS OF PREFORMED? YES NO WAS AUTOPSY 20 ACCIDENT SUICIDE HOPERFORMED? YES NO WAS AUTOPSY 20 ACCIDENT SUICIDE HOPERFORMED.  YES NO WAS AUTOPSY 20 ACCIDENT SUICIDE HOPERFORMED? YES NO WAS AUTOPSY 20 ACCIDENT SUICIDE HOPERFORMED.  YES NO WAS	NJURY (e.g., in or about home, for title)	W INJURY OCCURRED. (Ed. 20f. CITY, TOWN, OR LO	CATION  st saw her to the best of my kno	there a pregnam Yes N PART I or PART II  COUNTY  Weedge, from the ca	of item 18.)
SHOULD READ IN	OF	MEDICAL CERTIFICATION	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDIDERS CONDITIONS OF PART II. OTHER SIGNIFICANT CONDITIONS OF PART III. OTHER SIGNIFICANT CONDITIONS OF PART II. OTHER SIGNIFICANT CONDITIONS OF PART II. OTHER SIGNIFICANT CONDITIONS OF PART II. OTHER SIGNIFICANT CONDITIONS OF PART III. OTHER SIGNIFI	NJURY (e.g., in or about home, street, office bldg., etc.)  The property of th	w INJURY OCCURRED. (En	OCATION  St saw her best of my kno	there a pregnan Yes N PART I or PART II  COUNTY  Weedge, from the ca	of item 18.)  STATE  Uses stated.
AMENDMENTS ON TH		MEDICAL CERTIFICATION	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDIDERS CONDITIONS OF PREFORMED? YES NO WAS AUTOPSY 20 ACCIDENT SUICIDE HOPERFORMED? YES NO WAS AUTOPSY 20 ACCIDENT SUICIDE HOPERFORMED.  YES NO WAS AUTOPSY 20 ACCIDENT SUICIDE HOPERFORMED? YES NO WAS AUTOPSY 20 ACCIDENT SUICIDE HOPERFORMED.  YES NO WAS	NJURY (e.g., in or about home, street, office bldg., etc.)  The property of th	w INJURY OCCURRED. (En	CATION  st saw her to the best of my kno	there a pregnan Yes N PART I or PART II  COUNTY  Weldge, from the ca	of item 18.)  STATE  Uses stated.
	OF DATE AMENDED	ORD ARE AS FOLLOWS  OF  DATE AMENDED  UMENT	D ARE AS FOLLOWS  DATE AMENDED  AENT  COLLOWS  DATE AMENDED  COLLOWS  DATE AMENDED	AMENDED  1. PALOFIAM APR 1 6 1962  a. COUNTY Sullivan  b. CITY (If outside corporate limits, give TOWNSHIP of OR TOWN Harris  C. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME  3. NAME OF DECEASED First (Type or print)  Audrey Hospital Or Institution Home  3. NAME OF DECEASED First (Type or print)  Audrey Hospital Or Institution (Give kind of work done Institution Home)  10a. USUAL OCCUPATION (Give kind of work done Institution Home)  11b. S. Davis  15. Was DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service Yes World War Institution)  18. CAUSE OF DEATH (Enter only one cause per line Part I. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one cause per line Part I. DEATH WAS CAUSED BY:	AMENDED  1. PLOFOIDH APR 1 6 1962  a. COUNTY SUllivan  b. City (if outside corporate limits, give TOWNSHIP only)  DOWN  Harris  C. FULL NAME OF (if NOT in hospital, give location)  HOSPITAL OR  INSTITUTION  HOME  3. NAME OF DECEASED  (Type or print)  Audrey  Hamilton  Day  5. SEX  6. COLOR OR RACE  Male  White  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired  Retired  Tarmer  13b. MOTHER'S MAIDEN NAME  U S'. Davis  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) ((if yes, give wer or dates of servic Yes)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)	AMENDED  1. PALOESIAN APR 1 6 1962  a. COUNTY Sullivan  b. CITY (if outside corporate limits, give TOWNSHIP only)  CR TOWN Harris  C. FULL NAME OF (if NOT in hospital, give location)  HOSPITAL OR INSTITUTION HOME  3. NAME OF DECEASED (Type or print)  Audrey Hamilton Davis  5. SEX  6. COLOR OR RACE Widowed Divorced B. DATE OF BIRTH  Male  White  Widowed Divorced B. DATE OF BIRTH  Middle Last  Audrey Hamilton Davis  5. SEX  6. COLOR OR RACE Widowed Divorced B. DATE OF BIRTH  Male  White  Widowed Divorced B. DATE OF BIRTH  Retired Farmer  13a. FATHER'S NAME  U.S. Davis  15. WAS DECEASED VER IN U.S. ARMED FORCES? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.  17. INFORMANT  YES  WITH OUT OF BUSINESS OR INDUSTRY  18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (b)  IMMEDIATE CAUSE (c)  WITH OUT OF BUSINESS OR INDUSTRY  17. INFORMANT  18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (b)  IMMEDIATE CAUSE (c)  WITH OUT OR  A. STATE  A. STATE  A. STATE  A. STATE  A. STATE  A. STATE  A. STRIE  A.	AMENDED  1. PLUBION APR 16 1962  a. COUNTY Sullivan  b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harris  c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION  Audrey Hamilton  3. NAME OF DECEASED First Audrey Hamilton  Audrey Hamilton  B. DATE OF BIRTH OF DEATH Ap  5. SEX  6. COLOR OR RACE Widowed  Widowed  Divorced  New Town Harris  (If cutside, OF DEATH Ap  OF DEATH Ap  108. USUAL OCCUPATION (Give kind of work done Retired wing most of working life, even if retired) Retired  Tarmer  13a. FATHER'S NAME  15b. WAS DECEASED EVER IN U.S. ARMED FORCES? Institution  Nora:  Last  4. DATE OF DEATH Ap  OF DEATH Ap  15b. Mother's Maiden NAME  New town  New town  11c. BIRTHPLACE (City and state or country)  New town  11c. Social Security NO.  11c. Social Davis  Mrs. Golda Davis	AMENDED  1. FALLSTAM APR 1 6 1962  a. COUNTY SUllivan  b. CITY (If outside corporate limits, give IOWNSHIP only)  C. CITY OR TOWN Harris  10 mos.  C. FULL NAME OF (If NOT in hospital, give location)  HOSPITAL OR INSTITUTION  Audrey  Hamilton  Davis  5. SEX  C. COUNTY  Audrey  Hamilton  Davis  SEX  A. COLOR OR RACE  Widowed  Divorced  10a. USUAL RESIDENCE (Where deceased lived. If institution b. COUNTY  OR TOWN  Harris  C. CITY OR TOWN  Harris  Divon  Harris  ADDRESS  (If cutside, give location)  DEATH  Apr.  3. APRILETAN  ADDRESS  (If cutside, give location)  DEATH  Apr.  3. APRILETAN  B. DATE OF BIRTH  5. SEX  C. COUNTY  DEATH  Apr.  3. APRILETAN  ADDRESS  (If cutside, give location)  DEATH  Apr.  3. APRILETAN  B. DATE OF BIRTH  5. APRILETAN  Months  Devi  Months  Devi  Town  Town  Home  10b. KIND OF BUSINESS OR INDUSTRY  Town  Town  The Colda Davis  Tes  World War  13a. FATHER'S NAME  U S. Davis  15b. MOTA E. Lowry  Golda Davis  16c. SOCIAL SECURITY NO.  17c. INFORMANT  Address  Mrs. Golda Davis, newtown  INDICATE COLOR OR  MRS. Golda Davis, newtown  INDICATE COLOR DAVIS  INDICATE COLOR DAVIS  18b. CAUSE OF DEATH (Enter only one cause per line part in Early one cause per line part i

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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re	corded on the reverse side of this certificate was embalmed by me,			
or by	, Student Embalmer No			
working under my personal supervision.				
Student Signature of Student Embalmer	Signed Toward Justif			
	Licensed Embalmer No. 3940 P. O. Address Hell Tax			

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.